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- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the BMJ.
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- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Carers' revolt?

SIR,—The underfunding and resultant disintegration of the health and social services is hardly even "news" now. Numerous doctors and other health care professionals have made their anxieties public knowledge. I report another aspect of this continuing trauma to our society.

In the past two weeks I have had four families refuse to allow their relatives to be discharged home. This decision has been endorsed by the patient and arrived at only after careful consideration by the families concerned. The discussions with them and the multidisciplinary team have not been acrimonious. We have heard how all the patients have led a knife edge existence generating enormous bouts of stress. The patients are alone and frail, and they and their carers are desperate. All have experienced failings in the health and social services—a home help sick and no replacement available, day centre waiting lists of many months, faster and faster discharges from hospitals into community "support" despite mental and physical frailty.

The relatives have cared for them and continue to "care" but all concerned have been pushed beyond the limit and once the patient is in a hospital bed they see a safer haven. As the patient is party to this desire for care, and in an ideal world would benefit from some form of frequent or 24 hour supervision, a forced discharge would be callous and destined to fail. Places in old people's homes are diminishing rapidly and waiting lists grow. Increasing pressure is put on all concerned to consider private care. For my patients this means leaving a community they have known for 80 or more years and moving 80 km away for an

affordable place, beyond reasonable visiting reach for most relatives.

Am I seeing the start of an "epidemic" with carers confronting me with the enormous holes that have developed in our community safety net? As a geriatrician I have been taught and practise that caring for the carers is critical to the successful management of a complex problem. I am facing a lot of broken backs, the last straw being the absence of essential services.

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The market philosophy versus civilised standards

SIR,—The flaws inherent in the new market philosophy of hospital management were largely predictable and in any new inquiry, as suggested by Dr Tony Smith (2 January, p 1), would need close examination.

In the National Health Business important savings are achieved by deviating from conventions which usually prevail in civilised societies. An example is bulk purchase of a certain brand of mattress and its cover, which together are distributed in several regions.

An outraged ward sister recently commanded that I should inspect a mattress which a few days before had been soiled by a critically ill incontinent patient. After she had sent it back to the unit responsible for mattresses (that which holds the mattress budget) for thorough cleaning or

destroying she had noticed its early reappearance along with the same defective cover (see figure). Rehabilitation had been achieved by a gentle process of warming in a secluded area near the hospital kitchen, and further inquiry revealed



An NHS mattress showing the marks of "condensation."